

**Equipment Application Form**

This form is for applications from both individuals and organisations. Please ensure you have read our Guidelines for Applications supporting document before applying.

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| **1** | **Name and contact details of applicant completing this form (parent/carer/professional):** |
|  | Name:  Address:  Telephone: Email:  ***Please note all correspondence will be made by email and the email listed here will be the primary contact used.*** |
| **2** | **Beneficiary’s Details (this is the child or children who will benefit from the equipment):** |
|  | Name:  Date of birth:  Please explain the medical diagnoses and needs of the child: |
| **3** | **Beneficiary’s parents/carers’ details if different from above:** |
|  | Name:  Address:  Telephone: Email:  ***Please note all correspondence will be made by email*** |
| **4** | **The equipment requested:** |
|  | *Please include specifics such as make, model and description.* |
| **5** | **The Benefits of the equipment** |
|  | *Please explain in detail why the equipment is needed and the impact it will have on the child and the family.* |
| **6** | **Assessment of Equipment** |
|  | *Please refer to the Guidance Notes for Applicants document for further information about what is required in this section.*  **Who identified the need for this piece of equipment?**  **Has an assessment of suitability been done and by whom?**  **Who will provide instruction and training on how to use the equipment safely?** |
| **7** | **Please explain why this piece of equipment cannot be funded by the NHS and/or Local Authority services:** |
|  | *Please refer to the Guidance for Applicants document for further information about what is required in this section.* |
| **8** | **Equipment Details – Quotes** |
|  | *Please refer to the Guidance for Applicants document for further information about what is required in this section.*  ***Quote 1:***   |  |  | | --- | --- | | Equipment and supplier |  | | Total cost excluding VAT |  | | Amount raised/secured by other means |  | | Total amount required from The Chronicle Sunshine Fund |  |   *Please provide the payment details of this supplier:*   |  |  | | --- | --- | | Supplier Contact Details |  | | Email |  | | BACS Bank Details  (Sort Code and Account Number) |  |   ***Quote 2:***   |  |  | | --- | --- | | Equipment and supplier |  | | Total cost excluding VAT |  | | Amount raised/secured by other means |  | | Total amount required from The Chronicle Sunshine Fund |  |   *Please provide the payment details for this supplier:*   |  |  | | --- | --- | | Supplier Contact Details |  | | Email |  | | BACS Bank Details  (Sort Code and Account Number) |  | |
| **9** | **Please tell us about any other charitable funding organisations you have applied to regarding this piece of equipment** |
|  |  |
| **10** | **External Partners** |
|  | We work alongside other charitable trusts and funds - if your application fulfils criteria for their funding please indicate if you’d be happy for us to share your application with them. If ‘Yes’ we will always make you aware if we feel your application would be suitable for this and we may need to contact you for some additional information, including basic financial information. |
| **11** | **Media and PR Involvement** |
|  | If your application is successful, would you agree to supporting our publicity? This might include a photo and story in The Chronicle newspaper and on social media. This would help the Sunshine Fund by raising awareness of the charity so we can help many more children in the North East with disabilities. *Please note that this will not affect any decision about your application.* |
| 12 | **Fundraising Involvement** |
|  | Would you be interested in supporting The Chronicle Sunshine Fund in fundraising events and activities? We rely completely on fundraising to be able to fund equipment. *Please note that this will not affect any decision about your application.* |
| **13** | **Where did you hear about the The Chronicle Sunshine Fund?** |
|  |  |
| **14** | **Additional Information** |
|  | Please use this section to tell us about anything else that you think is relevant to your application. |
| **15** | **Signature** |
|  | *By signing this you confirm the information provided is correct and that you agree to The Chronicle Sunshine Fund’s Terms and Conditions.*  **Print name:**  **Signature:**  **Date:** |
| **16** | **Submitting Your Application Form** |
|  | *Electronic submission:*  [rachel.kaczmar@reachplc.com](mailto:rachel.kaczmar@reachplc.com)  *Hard copy submission:*  Rachel Kaczmar  The Chronicle Sunshine Fund  2nd Floor Intu Eldon Square  Eldon Court  Percy Street  Newcastle upon Tyne  NE1 7JB  *Checklist:*   * Completed application form * Two formal quotes from suppliers/manufacturers * Two supporting letters from professionals on letterhead paper   An email will be sent to the primary email address to confirm receipt of your submission within a week of receiving the application. If you do not receive this email, please contact us directly.  If you have any questions about your application, please contact Rachel on the email above or our office on **0191 2016066/0191 2016068**  ***Please note that The Chronicle Sunshine Fund is not responsible for the maintenance and/or ownership of any equipment. The equipment is solely the responsibility of the organisation or the individual applying.*** |